EVALUATION OF PRIVILEGES - FAMILY PRACTICE For use of this form, see AR 40-68; the proponent agency is OTSG		PERIOD				DATE	
		FROM	T				
RATED BY	PRIVILEGES PERFORMED BY			TREATMENT FACILITY			
TITLE	-						
THE STATE OF THE S							
PRIVILEGES		RECOMMENDATIONS BY DEPT./SVS. CHIEF					
Privileges evaluation will be based on thorough appraisals of clinical performance.		ACCEPT-	BORDER-	UNACCEPT-	REQUIRES	SELDOM	
		ABLE	LINE	ABLE	ADDL. EDUCATION	EXER- CISED	
Category I.							
PROCEDURES/SKILLS (Check Privileges Performed)							
a. Proctosigmoidoscopy							
b. ECG Performance and Initial Interpretations							
c. Basic Radio Interpretations (Skull, spine, CXR, abdomen, IVP, and extremity)							
d. Insertion/Removal of IUD							
e. Regional Anesthesia							
f. Splinting/Casting/Immobilizing of S	Simple Fractures						
g. Other (Specify)	g. Other (Specify)						
Category II.							
PROCEDURES/SKILLS (Check Privileges Performed)							
a. Lumbar Puncture (Adult and Child)							
b. Infant/Newborn Resuscitation							
c. Vaginal Delivery (Uncomplicated)							
d. Endometrial Biopsy							
e. Other (Specify)							
Category III.							
PROCEDURES/SKILLS (Check Privileges Performed)							
a. Joint Aspiration/Injection							
b. Diagnostic Thoracentesis With or Without Biopsy							
c. Abdominal Pericentesis							
d. Bone Marrow Aspiration and Biopsy							
e. Low Forceps Delivery							
f. Vacuum Extraction							
g. Obstetrical Anesthesia							
h. Culdocentesis							
i. Dilation & Curettage							
j. First Assist at Major Surgical Procedures							
k. Flexible Sigmoidoscopy							
I. Reduction of Simple Fractures of Extremities							
m. Vasectomy							

PERIOD	DATE			TREATMENT FACILITY		
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RATED BY	PRIVILEGES PERFORMED E	3Y				
TITLE						
PRIVILEGES		RECOMMENDATIONS BY DEPT./SVS. CHIEF				
Privileges evaluation will be based on thorough appraisals of clinical performance.		ACCEPT- ABLE	BORDER- LINE	UNACCEPT- ABLE	REQUIRES ADDL. EDUCATION	SELDOM EXER- CISED
Category III (Continued).						
ADDITIONAL PRIVILEGES (Specify)						
EXCEPTIONS (Recommended by Department Chief)						
Category IV.						
PROCEDURES/SKILLS (Check Privileges Performed)						
a. Swan-Ganz Catheterization						
b. Management of Severe Pre-eclampsia						
c.						
d.						
e.						
f.						
ADDITIONAL PRIVILEGES (Specify)						
EXCEPTIONS (Recommended by Department Chief)						

COMMENTS (Borderline and unacceptable ratings will be addressed.)